

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-05-4350.M5

MDR Tracking Number: M5-05-1267-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 12-09-04.

Per Rule 133.308(e)(1) date of service 10-24-03 was not timely filed and will not be reviewed by the Medical Review Division.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the work hardening and functional capacity exam were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 12-15-03 to 01-09-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 2nd day of February 2005.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

Enclosure: IRO decision



Specialty Independent Review Organization, Inc.

January 31, 2005

Hilda Baker
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-05-1267-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Chiropractor. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

According to the records reviewed, Ms. ____ was injured in a work related accident on _____. The injured employee was working as a housekeeper and was cleaning an apartment when she was injured. Ms. ____ was trying to lift and move a stove when she injured her thoracolumbar area. She initially went to Northwest Memorial Hospital for emergency care. She subsequently presented to Dr. Durham for treatment who initiated a physical medicine program. Ms. ____ was suffering from pain in the thoracolumbar area with pain and numbness radiating to the lower extremities. The patient also reports pain in the left knee due to falling to her left knee.

Numerous treatment notes, diagnostic tests, staffing notes, evaluations, and other documentation were reviewed for this file. Records were received from the insurance carrier and from the treating providers.

Records included but were not limited to:

Medial Dispute Resolution paperwork

MRI Sacroiliac Joints from Kirby Diagnostic & Imaging

MRI Lumbar Spine from Kirby Diagnostic & Imaging

EMG/NCV by Anjali Jain MD

Initial Evaluation by Texas Medical Rehabilitation & Pain Center

Multiple SOAP Notes identified as Continuation Sheets

Reports from Total Rehab Institute

Report from Dr. Baker

Report from Dr. White

Position Statement from Human Resource Performance & Rehabilitation Institute

Request for Reconsideration from HRPRI/TBIH

1996 Medical Fee Guideline

APTA Guidelines for Programs for Injured Workers

Human Resource Performance & Rehabilitation Institute Assessment

Human Resource Performance & Rehabilitation Institute FCE

The Back Institute of Houston records including pt notes

Mental Health Assessment by Ms. Smith

Records by Mr. Roddy

Work Hardening documentation

DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of 97545/97546 work hardening program; 97750-FC functional capacity exam from 12-15-2003 through 1-9-2004.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The basis for the determination is based upon the Medical Disability Advisor, 1996 Medical Fee Guidelines specific to Work Hardening, Industrial Rehabilitation-Techniques for Success, and Occupational Medicine Practice Guidelines. Specifically, a Work Hardening program should be considered as a goal oriented, highly structured, individualized treatment program. The program should be for persons who are capable of attaining specific employment upon completion of the program and not have any other medical, psychological, or other condition that would prevent the participant from successfully participating in the program. The patient should also have specifically identifiable deficits or limitations in the work environment and have specific job related tasks and goals that the Work Hardening program could address. Due to the fact that the employee's job had been lost, the injured worker did not have specific employment to return to, which is a vital component of a work hardening program (see 1996 MFG and APTA for Work Hardening entrance criteria). The functional capacity examination was performed at the completion of the program and is considered to be similar to a discharge examination of the Work Hardening program and is also not medically necessary for the above reasons.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director